

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 101,594,465 Filing Date _____
Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17							67						
18							68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓			↓			↓			↓	
TOTAL DEP.	13	←		←		←		←	←		←	←	
TOTAL CLAIMS	16												